



Community Action Partnership
of San Bernardino County

2021 Community Needs Assessment



Revised June 28, 2023



Table of Contents

CAPSBC Vision, Mission, and Community Action Promise	Page 3
Executive Summary.....	Pages 4-6
Community Needs Assessment	Pages 7-10
COVID-19 Impact.....	Pages 10-12
Community Evaluation Summary	Pages 13-18
Summary of Client Needs Assessment Survey	Pages 19-29
Summary of Service Provider Needs Assessment Survey	Pages 29-33
Public Hearing	Page 33
References	Pages 34-37
Acknowledgements.....	Page 38



Vision Statement

Community Action Partnership of San Bernardino County is the premier social services agency that eliminates the effects of poverty.

Mission Statement

Community Action Partnership of San Bernardino County works with our communities by supporting, advocating for, and empowering low-income residents to achieve self-reliance and economic stability.

The Promise of Community Action

Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community and are dedicated to helping people help themselves and each other.

Executive Summary

Overview and Methodology

In Spring of 2021, Community Action Partnership of San Bernardino County (CAPSBC) conducted two surveys as part of a community needs assessment. The Client Survey was distributed to community members in both English and Spanish and was available in online formats. A total of 1169 community members participated, providing information about their use of CAPSBC resources, their personal and family needs, current situation, and COVID-19 experiences. The Provider Survey was distributed in online format to providers serving clients throughout San Bernardino County. A total of 119 providers participated, sharing information about their clients and services, needs in the community, and COVID-19 experiences. Survey administration and data analyses was facilitated by the Institute for Child Development and Family Relations at California State University, San Bernardino. This executive summary highlights key information obtained through each survey.

CAPSBC Client Survey

Client Demographics:

- The average age of respondents was 47.16 years and ranged from 20 to 87.
- A plurality of respondents were Single, never Married (37%).
- Twenty-three percent of households had a child member aged 0 to 5 years, and 27% had a child member aged 6 to 12 years.
- Seventeen percent of households had an adult between ages of 56 and 65, and 12% 66 or older.
- The plurality of respondents reported as Hispanic/Latinx (40%), 27% as African American/Black, and 21% as White/non-Hispanic.

Client Economic and Employment Indicators:

- When asked to indicate their current economic status, 36% of clients responded that they are currently “in crisis”.
- Forty-six percent of clients indicated their economic situation was worse than one year ago, and 40% indicated their present economic situation is about the same as one year ago.
- Sixty-three percent of respondents indicated they are currently renting their housing, and 27% own their home.
- The largest income group were respondents who indicated earning between \$7,001 and \$14,000 (25%). Eleven percent earned less than \$7000, 15% were in the \$14,001 to \$21,000 income bracket and 14% in the \$21,001 to \$28,000 income bracket.
- The largest subset of respondents indicated they are currently employed full-time (32%), followed by unemployed and searching (26%).
- Forty-eight percent of respondents indicated that at least one member of their household was unemployed or underemployed.

Client Needs for Community Resources:

- Clients most commonly identified Housing (73%), Employment (65%), and Health (62%) as their areas where they needed community resources.
- The most common education resources needed were funds to afford education (73%), help with accessing educational options (66%), and reliable transportation to and from school (65%).
- The most common resources needed for family and children included summer youth program (72%), general youth (71%), after school programs (68%) and affordable childcare (67%).

- The most commonly identified financial resources in need were supported to pay bills (62%) and support to pay for basic needs (61%).
- The most commonly identified resources for health were having health food (66%) and health insurance (60%). Notably, while 38% of clients indicated a need for mental health support, an additional 34% indicated they did not know if they needed mental health services or not.
- Help with paying utilities (69%) and help with paying rent or mortgage (65%), were the most commonly identified resource needs related to housing.
- Under resources for employment, clients most commonly identified finding a job that pays a living wage (72%) as highly needed.
- Under community involvement, the most commonly identified needs were access to fast and reliable internet (65%) and access to safe recreational activities (57%).

Healthy Foods and Nutrition:

- Seventy-five percent of respondents indicated that their primary source of food was the grocery store.
- Forty percent of respondents indicated they rely on CAPSBC for food.
- Respondents who utilized CAPSBC as a food source were asked about the quantity of the food they received. Only 19% of respondents indicated “Always” and 17% indicated it was “Never” enough.
- When asked about food insecurity and healthy eating habits, the percentage of respondents who indicated that they “Sometimes” ate a meal were 41% (Breakfast), 32% (Lunch), and 19% (Dinner).

Client COVID-19 Experiences:

- Respondents were asked to indicate the extent of any “negative” impact of COVID-19 on different areas of their lives. Employment/work (37%) and financial situations (39%) were most commonly identified as being impacted.
- When asked the extent to which their needs for specific CAPSBC services were greater because of COVID-19, clients most commonly reported greater need for HEAP (59%), Food assistance (47%), and Rental Assistance (39%).
- Of respondents, 36% reported being fully vaccinated, 8% reported having the first but not the second vaccination shot, and 56% reported not yet being vaccinated.

CAPSBC Services:

- Clients overwhelmingly indicated they were aware of CAPSBC services (89%).
- Satisfaction with CAPSBC services is high. Rating on a scale ranging from 1 “Very Unsatisfied” to 10 “Very Satisfied”, the average client rating was 8.37, with 56% of respondents indicating a value of “10 – Very Satisfied”.
- The majority of clients surveyed (58%) utilized the Home Energy Assistance Program (HEAP) provided by CAPSBC. Other commonly utilized services include Food Assistance (29%), Weatherization services (24%), and rental assistance (10%).
- A large plurality of respondents indicated they heard about CAPSBC services from social media (39%). In addition, 27% learned from Friends, 21% learned from Family, 20% from Community Events, and 18% from Flyers and/or Posters.
- Clients were least likely to identify Television (7%), Radio (7%), and Newspaper (5%) as their source for learning about CAPSBC.

CAPSBC Affiliated Providers Survey

Provider Characteristics:

- Providers were primarily non-profit (49%), or faith based (25%).
- Providers represented the geographical diversity of San Bernardino County.

Community Needs:

- Providers most commonly identified Affordable Housing (78%), Jobs/Employment Services (37%) and Emergency Food (36%) as among the top three critical needs in the community.
- Providers indicated the most critical unmet needs of clients were strategies to reduce homelessness, poverty, and barriers to economic self-sufficiency.
- When asked to identify the most commonly income level of clients, 64% of providers indicated an income level 21,000 or below.

Impact of COVID-19 on Clients:

- Providers most commonly reported that biggest impact of COVID-19 on clients related to increased job insecurity and lack of employment.
- Providers also reported that COVID-19 increased the financial needs of their clients, particularly related to their ability to pay for healthcare, utilities, and food.

Impact of COVID-19 on Providers:

- Many providers reported that COVID-19 limited their ability to provide services to clients; Most critically, COVID-19 reduced opportunities for direct and in-person interactions.
- Several providers report a significant drop in clients because of COVID-19 restrictions.

CAPSBC Community Needs Assessment

Every two years Community Action Partnership of San Bernardino County (CAPSBC) assesses community needs in our service area which is San Bernardino County. The Community Needs Assessment has been developed utilizing objective, verifiable, quantitative, and qualitative data, and information gathered through various sources such as client surveys, stakeholder surveys, statistical data, evaluation studies, San Bernardino County Indicators Report, and other reliable sources.

SAN BERNARDINO COUNTY PROFILE

INTRODUCTION

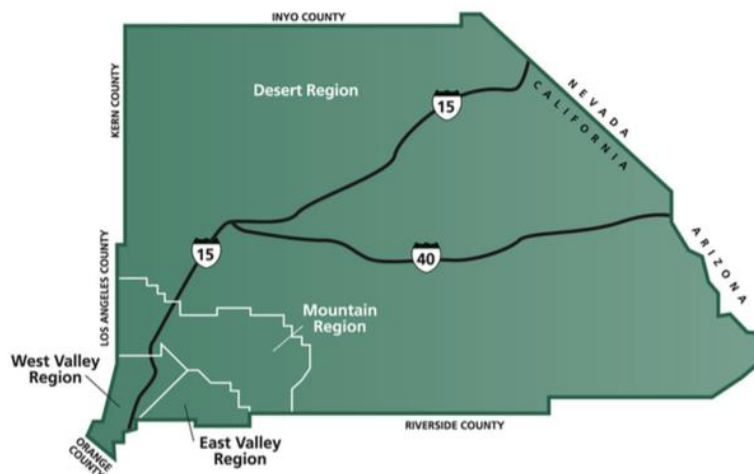
Our community is a system of interconnected elements. The more we work collaboratively and across boundaries – whether historical, physical, political, racial, or something else – the more successful we will be in our efforts to sustain a high quality of life free from the effects of poverty.

GEOGRAPHY OF SAN BERNARDINO COUNTY

The County of San Bernardino is located in southeastern California, with Inyo County to the north, Kern and Los Angeles Counties to the west, and Orange and Riverside Counties to the south. San Bernardino is bordered on the east by the states of Nevada and Arizona. There are 24 cities and towns in the county and multiple unincorporated areas. There are 24 cities and towns in the county and multiple unincorporated areas. Eighty one percent (81%) of the land is outside the governing control of the County Board of Supervisors or local jurisdictions; the majority of the non-jurisdiction land is owned and managed by federal agencies.^[1]

The county is commonly divided into three distinct areas made up of the Valley Region (sometimes divided into the East and West Valley), the Mountain Region, and the Desert Region:

- The Valley Region contains the majority of the county's incorporated areas and population.
- The Mountain Region is primarily comprised of public lands owned and managed by federal and state agencies.
- The Desert Region is the largest region (approximately 93% of the county's land area) and includes part of the Mojave Desert.



Every 10 years, San Bernardino County must undergo a redistricting process through which district boundaries must be redrawn to ensure each supervisorial district is substantially equal in population. Redistricting was approved by the San Bernardino County Board of Supervisors on December 14, 2021, which impacted the composition of each Supervisorial District as follows:[\[2\]](#)

In the new plan:

- **The First District** includes Adelanto, Apple Valley, Hesperia, and Victorville.
- **The Second District** includes Fontana, Rancho Cucamonga, and northern Upland.
- **The Third District** includes Barstow; Grand Terrace; Highland; Loma Linda; Needles; Redlands; Yucaipa; Yucca Valley, Twentynine Palms and the rest of the Morongo Basin; portions of Colton and San Bernardino; and the San Bernardino Mountain communities stretching from Crestline through the Big Bear valley, including the City of Big Bear Lake.
- **The Fourth District** includes Chino, Chino Hills, Montclair, Ontario, and southern Upland.
- **The Fifth District** includes Rialto and portions of Colton and San Bernardino.

POPULATION/POVERTY

As of July 1, 2022, the population of San Bernardino County was estimated at 2,193,656 making it the fifth most populous county in California. The county's racial composition, based upon the United States Census Bureau's estimates (2022), is comprised of: 56.2% Hispanic (in comparison to 40.3% for the State of California); 75.3% White (in comparison to 70.7% for the state); 9.3% African American (in comparison to 6.5% for the state); 8.9% Asian (in comparison to 16.3% for the state [\[3\]](#). Out of all California counties, only Los Angeles County, San Diego County, Orange County and Riverside County have more residents. Its population is expected to increase by 16% between 2020 and 2024. [\[4\]](#)

The United States government typically defines poverty using the U.S. Department of Health and Human Services (HHS) Poverty Guidelines based on household income. These guidelines are used to determine eligibility for several federal programs [\[5\]](#). HHS annually updates the guidelines to account for inflation. It should be noted that the official poverty rate reported in the state of California does not consider California's higher cost of living. Nonetheless, the poverty rates described herein refer to the federal poverty line, as calculated by HHS for 2023. [\[6\]](#)

<i>Persons in family/household*</i>	<i>Poverty guideline 48 States & Washington, D.C.</i>
1	\$ 14,580
2	\$ 19,720
3	\$ 24,860
4	\$ 30,000
5	\$ 35,140
6	\$ 40,280
7	\$ 45,420
8	\$ 50,560

**For families/households with more than 8 persons, add \$5,140 for each additional person.*

Implementing strategies to reduce poverty is important because it affects everyone, whether it is directly or indirectly. Tracking poverty can be used as a tool in targeting resources and interventions to alleviate poverty. The poverty rate in San Bernardino County was 13.2% in 2022 according to US Census records. This is a decline from the 13.3% in 2019. San Bernardino County's rate of poverty is higher than the state average, 12.3%, and the national average, 11.6% [3]. Hispanic families in San Bernardino County have the highest rate of poverty at 33.1%, followed by White families at 29.2%, Black families at 12.0%, Asian families at 3.04% and Native American families at .571%. According to the 2022 Loma Linda Community Health Assessment, based on poverty data published by Data USA for San Bernardino County, 15% of the population for whom poverty status is determined in the county live below the poverty line, a number that is higher than the national average of 12.8%. The largest demographic group living in poverty is females ages 25-34 years, followed by females 35-44 years of age for both Riverside and San Bernardino Counties [7]. The most common racial or ethnic group living below the poverty line in San Bernardino County is Hispanic, followed by White and Other. In 2021, 17% of the children was living in poverty in our county.

A growing subpopulation are seniors. The proportion of San Bernardino County residents ages 65 and older is projected to grow from 12% of the population in 2020 to 18% by 2045 [8]. While overall County poverty declined in 2018, poverty among seniors aged 65 and older increased from 11.5% in 2019 to 12.1% in 2022 [3].

To understand, more realistically, the impact income has on seniors, factors such as the cost of housing, food, transportation, out-of-pocket medical expenses, and other necessary spending must be considered. The Elder Index is a tool developed by the Gerontology Institute to measure the income older adults need to meet basic needs. It uses data specific to household size, location, housing tenure and health status and considers factors such as those mentioned above [9]. The Elder Index tool produces a Monthly Expense Breakdown that can be compared to the Federal Poverty Line (FPL) figure to show the wide discrepancy that exists between the FPL and the Elder Index. In San Bernardino County the calculations document the wide discrepancy that exists between the Federal Poverty Line (FPL) and the Elder Index. In one example, the Elder Index Tool shows that a single older adult in poor health who pays rent in San Bernardino County will have a Monthly Expense Breakdown of \$2,532. When multiplied by the number of months in a year, the Yearly Expense Breakdown is \$32,420. When comparing this figure to that of a one-person household in the FPL Chart above, \$14,580, it shows the FPL covers less than half of the basic costs experienced by adults aged 65 or older. By only applying the FPL to determine public assistance program eligibility, hundreds of thousands of economically insecure older county residents are being denied aid [10]. The income shortfall is even greater for seniors in San Bernardino County due to the large amount of poverty

The Center for Disease Control and Prevention (CDC) had reported that since the beginning of the pandemic, older adults were at the greater risk of requiring hospitalization or dying if they were diagnosed with COVID-19 [11]. This concern and the closing of senior nutrition sites and social centers as well as isolation from family, lack of transportation, and difficulty in grocery shopping added to their challenges. During the height of the pandemic, as part of the COVID-19 Emergency Response, CAPSBC partnered with the County Department of Aging and Adult Services and other community providers to provide and deliver food directly to the doorsteps of seniors as well as give referrals for needed resources. On February 28, 2023, Governor Newsom issued a proclamation marking the end of the state's COVID-19 State of Emergency [12]. CAPSBC continues to implement programs and services to help battle the effects of poverty heightened by the pandemic.

In 2021, 14.5% of residents 16 years and over lived below the poverty level. 3.2% of residents 16 years and over who worked full time jobs were living below the poverty level. The poverty rate for residents who worked part time was 18.9% while the poverty rate for the unemployed population was 24.1% [13]. This population is often referred to as the "working poor" due to having a job yet still living in poverty.

According to an article (2015) by Aisch et al. based on a study by Chetty et al [\[14\]](#). San Bernardino County rates unsatisfactory for income mobility for children in poor families. It is among the worst counties in the U.S. in helping poor children up the income ladder. It ranks 244th out of 2,478 counties, better than only about 10% of counties. It is relatively worse for poor boys than it is for poor girls. Every year a poor child spends in San Bernardino County, decreases his or her income. A childhood in San Bernardino County (up to the age of 20) may result in a reduction of average annual household income of \$2,920 for poor boys and \$1,550 for poor girls.

COVID-19 Impact

An assessment from 2020 of the impact of COVID-19 has been provided in the “The Impact of COVID-19 in San Bernardino County” [\[15\]](#). COVID-19 report highlights are referenced below. Overall findings indicated that during the pandemic, even though the county COVID-19 case rates were higher than the state and nation, San Bernardino County residents saw a better recovery rate. One explanation for the higher case rates is that many of the county’s employment force that were affected were essential workers and were less likely to be able to work from home.

Shutdown orders closed businesses and put thousands out of work. One in 10 residents reported difficulty paying their rent or mortgage. For working families with children, childcare was difficult to access. In San Bernardino County, over 700 childcare providers closed temporarily, and hundreds still remain closed. Many residents needed critical assistance for the first time in their lives. They turned to safety net programs such as food and housing assistance, and government programs such as Cal Fresh, CalWORKs and Medi-Cal. [\[15\]](#)

COVID-19 Cases

As of June 28, 2023, data collected from the San Bernardino County COVID-19 Dashboard Hub showed the County’s confirmed cases were at 709,444 with 700,084 residents having recovered from COVID-19. Confirmed cases by ethnicity show that 234,650 residents were Non-Latino, 311,662 were Latino, and 163,132 were Unknown. Data collected of confirmed cases by sex showed 324,927 cases were male, 376,313 were female, and 8,070 were unknown [\[16\]](#).

COVID-19 Deaths

Data collected from the San Bernardino County COVID-19 Dashboard Hub showed 8,173 resident deaths attributed to COVID-19. Data collected up until February 1, 2021, showed that 729 of those deaths were from residents who were fully vaccinated and 2,271 of those deaths were from residents not fully vaccinated. Deaths by sex showed 4,803 male residents died from COVID-19 while 3,356 deaths were female residents, and 7 deaths were unknown. Deaths by ethnicity data showed 4,283 deaths were Latino residents, 3,793 were non-Latino residents and 97 deaths were unknown. Deaths by age reports show 4,231 deaths were from residents 70 years and older, followed by 1,959 deaths of residents aged 60-69, 1,096 deaths of residents aged 50-59, 530 deaths of residents aged 40-49, 264 deaths of residents 30-39, 73 deaths of residents aged 20-29, 11 deaths from residents aged 15-19, and two deaths from residents in the 0-14 age bracket [\[17\]](#).

COVID-19 Vaccinations:

On August 23, 2021, the first COVID-19 vaccine was approved by the U.S. Food and Drug Administration and was made available for the prevention of COVID-19 disease in individuals 16 years of age or older. The vaccine was previously available under emergency use authorization (EUA) since December 11, 2020 [\[18\]](#). With the approval of the FDA, the vaccine became a milestone during the COVID-19

Pandemic. Data from the San Bernardino County COVID-19 Dashboard Hub shows 1,406,978 residents have been vaccinated. From that number, 207,674 have been partially vaccinated while 1,199,304 residents have been fully vaccinated. Demographic data also shows 74% of Asians residents have been fully vaccinated followed by 71.7% Native Hawaiian or Other Pacific Islander residents, 60.8% White residents, 48.2% American Indian or Alaska Native Residents, 45.4% Black residents, and lastly 39.8% Hispanic or Latino Residents have been vaccinated. Of the female population in San Bernardino County, 58% have been fully vaccinated while 51.5% of the male population has been fully vaccinated. Data by age group shows 83.4% of residents aged 65-69 were the highest percentage group to get vaccinated [\[19\]](#).

COVID-19 Health Equity

The Center for Disease Control and Prevention defines health equity as “the state in which everyone has a fair and just opportunity to attain their highest level of health” [\[20\]](#). The pandemic brought to light existing health inequities in the form of unequal distribution and access to health care resources. In San Bernardino County, data shows that Latino, Black, and Pacific Islander communities have been disproportionately affected by COVID-19. In San Bernardino County, Latino residents make up 41.1% of cases in the county. Black residents make up 14.2% of cases in the county and Asian residents make up 11.3% of cases in the county. Other factors that affect health equity within the county are income, crowded housing, access to health insurance and underlying health conditions [\[21\]](#).

COVID-19 Sheltering in Place

On March 10, 2020, the County Public Health Officer and the Board of Supervisors declared a local health emergency to help ensure county government and the public would be prepared for the possibility that Coronavirus would appear within the county [\[22\]](#). On March 19, 2020, the Governor of the State of California declared a State of Emergency and issued a Stay-at-Home order for Californians with the exception of those employed in essential sectors [\[23\]](#). This order sent an additional 95,000 county residents into the unemployment rank. More county working residents were essential, 26% compared to 19% statewide. According to a 2020 study, working mothers experienced the greatest hardships due to loss of employment, closure of childcare centers, and the transition to distance learning responsibilities [\[15\]](#).

COVID-19 Education

As education moved online, support shifted to providing needed resources. County school districts provided devices such as Chromebooks, hotspots, and remote learning trainings. Challenges included student engagement, study environments, and the availability of parent supervision. A lack of a consistent federal response has been cited by several sources as contributing to the adverse educational inequity of students of color [\[24\]](#). On June 8, 2020, the California Department of Education released a 55 page guidance document for reopening schools to public instruction and by September 10, 2020 Most schools were using virtual or hybrid learning in California [\[25\]](#). Due to these pandemic-related school disruptions, many students struggled with the loss of instructional time with some reports showing drops in student achievement [\[26\]](#). Although May 11, 2023 marked the end of the COVID-19 Public Health Emergency, the effects of the pandemic continue to present challenges for students, especially among young children [\[27\]](#).

COVID-19 Income

The onset of the Coronavirus pandemic and the resulting stay-at-home orders in March 2020 led to a marked increase in San Bernardino County residents applying for and receiving Cal Fresh, CalWORKs, and Medi-Cal. Policies may have also contributed to the increase. For example, county staff continually review participant eligibility for services; however, discontinuing a participant's benefits during the pandemic was temporarily suspended, potentially contributing to the increase, particularly for Medi-Cal. By July 2020, caseloads for Cal Fresh and CalWORKs began to decline — likely due to the extension of unemployment benefits, which kept many residents afloat during unstable times. However, as residents feared the expiration of the unemployment benefit extension in December 2020, the County saw another sharp increase in applications for Cal Fresh, CalWORKs, and Medi-Cal at the very end of the year [\[15\]](#).

COVID-19 Housing

According to May-August 2020 responses to the California Health Interview Survey, 1-in-10 San Bernardino County residents reported difficulties paying for their rent or mortgage as a result of the pandemic [\[15\]](#). This was the same level as residents statewide. As many as 46,680 households in San Bernardino County (or approximately 7% of all households) were behind on rent as of mid-December 2020; Latino, Black, and Asian households were nearly three times as likely as White households to be behind on rent [\[28\]](#).

COVID-19 Wellness

Changes in the delivery and access of medical care transitioned to adapt to the impacts of COVID-19. Elective procedures and routine preventive medical visits/operations were postponed. Telehealth or telemedicine, the service that used video calling and other technologies to help patients connect with their provider and or from their own home, expanded dramatically [\[15\]](#). According to a Household Pulse survey data, the pandemic caused an increase in missed or delayed preventative care, especially in children [\[29\]](#).

COVID-19 Safety

Reports of child abuse and neglect fell as schools transitioned to distance learning. San Bernardino County reports an 88% drop in reporting by childcare or school personnel in March and April 2020 (the onset of the pandemic) [\[15\]](#). The overall impact of less reporting is concerning; because fewer cases may mean cases are going undetected. The CDC found that “more than 11% of surveyed adolescents experienced physical abuse and more than 55% experienced emotional abuse during the first year of the pandemic alone” [\[30\]](#).

COVID-19 Transportation

The stay-at-home order resulted in a reduction of commute times. The hours commuters spent in extreme congestion (speeds below 35 miles per hour) fell 83% between January 2020 and April 2020. Since then, weekday congestion has returned, but through the end of 2020 it had remained less than pre-pandemic levels [\[15\]](#).

CAPSBC Community Evaluation Summary

CAPSBC identified the following key areas to provide an overview of life in San Bernardino County. These sections are included to convey the challenges and difficulties that exist within the community. Each key area directly contributes to the poverty experienced by the residents of this vast county.

SAFETY

The feeling of safety and well-being is impacted by crime. Potential investors look at the crime rate in a community before investing. The crime rate in San Bernardino County is one of the highest among neighboring counties compared, but slightly lower than the state. The City of San Bernardino was ranked safer than 3% of United States cities [\[28\]](#).

According to the San Bernardino County Sheriff's Department 2021 Annual Crime Report, the property crime rate increased by 1% between 2020 and 2021 and the violent crime rate increased by 13% during the same one-year period. During this same period, the number of homicide victims increased from 126 to 147 [21]. There were 801 known gangs in San Bernardino County in 2019, an increase from 2018 when there were 639 gangs [\[31\]](#).

EDUCATION

Education opens the door for career opportunities and an enhanced quality of life. The education level of residents is evidence of the quality and abilities of the labor pool, and this is a crucial factor for businesses looking to locate and expand in the county.

According to the 2022 Loma Linda Community Health Needs Assessment, San Bernardino County exhibits a 76.1% graduation. This rate is lower than the overall state rate of 86.8% resulting in limited employment opportunities as an adult. Data from this assessment also shows "San Bernardino County experienced 21.3% chronic absenteeism compared with a 14.3% prevalence for the state of California for the 2020-21 school year, with African Americans experiencing some of the highest rates (33.7%) of absenteeism, followed by Pacific Islanders (29.0%), American Indians (25.8%), and Hispanics (22.5%)" [\[32\]](#).

CHILDCARE

High quality childcare and early education programs are vital for a child's school readiness. Affordable childcare is essential for working families to maintain their family security. "Evidence shows that a dollar invested in high-quality early childhood programs for low-income children will result in up to \$7.30 in benefits, including increased wages, improved health, and reduced crime," (retrieved on May 3, 2021, from Fact Sheet: The American Families Plan, April 28, 2021 based on "The Life-cycle Benefits of an Influential Early Childhood Program" [\[33\]](#).

Across our state and county, the childcare supply plummeted because of stay-at-home orders and parents' job losses keeping children at home. Without regular enrollment and with ongoing overhead, many childcare providers were not able to keep their centers open. As of May 2023, The Center for the Study of Childcare Employment reported that nationally the childcare industry has lost -54,000 jobs since February 2020. Although reports from the same source show that childcare jobs are at 94.9%, an increase from 83% in October 2020, childcare employment rate remain persistently lower than it was pre-pandemic. In April 2023, 2,400 jobs were added to the Childcare Sector [\[34\]](#). In San Bernardino County, Child Care Center licenses declined 38% which was due to the closure of many school-based childcare programs and the impacts of the COVID-19 pandemic.

According to a report, California is ranked in the least affordable category for married couples, where center-based childcare costs between 11.7% and 12.8% of median income [\[35\]](#). Many families struggle to afford childcare which makes the availability of subsidies vital for many working parents to maintain employment while providing high quality childcare for their children. California is the least affordable state for families with an infant in center-based care. The cost of childcare in California varies by region, as parts of the state have extremely excessive costs of living compared to others [\[36\]](#). In San Bernardino County, Child Care Center costs are at \$15,247 a year, while Family Child Care Home Costs are at \$11,301 a year [\[37\]](#).

EMPLOYMENT

“Improving earnings, benefits, and job stability for workers in the Inland Empire would not only help families in poverty, but it would also increase consumer spending and local revenues, creating positive ripple effects for the entire regional economy” [\[38\]](#). The “State of Work in the Inland Empire” report indicated that only 4 in 10 jobs pay enough for working families to make ends meet, with this problem particularly affecting communities of color, most of the area’s workforce. The area’s colleges and universities graduate tens of thousands of students yearly, the lack of high skilled jobs means that many of them move out of the region to work elsewhere. It is also reported that there appears to be a substantial mismatch between jobs and affordable housing. Inland Empire residents are commuting out of the region to work at higher paying jobs, while living in homes that are more affordable.

A look at employment statistics reveals lower unemployment than previous years with certain sectors being disproportionally affected. San Bernardino County is part of the Riverside-San Bernardino-Ontario Metropolitan Statistical Area (MSA). In this group, as of March 2023 unemployment rates were at 4.5%. This compares with an unadjusted unemployment rate of 4.8% for the state and 3.6 % for the nation during the same period. The unemployment rate in San Bernardino County was at 4.3% [\[39\]](#).

Between March 2020 and March 2021, leisure and hospitality jobs decreased 40,600 posting the largest group decline over the year. Between March 2023 and April 2023, leisure and hospitality added 1,600 jobs. Accommodation and food services (up 1,900), while food services and drinking places also saw an increase (up 1,900), recorded the largest employment increase, while accommodation added 700 jobs over the month [\[39\]](#).

Arts, entertainment, and recreation (down 300) also registered job losses. Government employment increased by 7,700 and Local Government increased by 7,800 jobs between April 2022 and April 2023 followed by Federal Government gains of 200 around the same time. Additional year-over employment losses occurred in the following sectors: Transportation, warehousing, and utilities declined by 5,200 jobs followed by declines in both wholesale trade (down 2,700) and retail trade (down 100). Five other sectors declined including manufacturing (down 3,600) and leisure and hospitality (down 1,000). Mining and logging remained unchanged [\[39\]](#).

COST OF LIVING

The cost of living is lower in San Bernardino County at 118.6 compared to California at 149.9, and the US average of 100. This means that goods and services are 18.6 more expensive in San Bernardino County than they are on average across the United States. Several categories comprise the cost-of-living index; these are health care (5%), utilities (10%), food (13%), transportation (9%), goods and services (33%) and housing (30%). The cost-of-living index is based on a national average of 100. For example, if the cost of living is 90, then it is 10% lower than the average. [\[40\]](#). A May 2023 report from the Bureau of Labor Statistics noted that the Consumer Price Index for All Urban Consumers (CPI-U) advanced 3.9% in 12 months. Food prices rose 7.8 percent. Energy prices fell 11.2 percent, largely the result of a

decrease in the price of gasoline. The index for all items less food and energy increased 5.8 percent over the year [\[41\]](#).

For San Bernardino County residents to thrive and have sufficient income to afford rising expenses, income growth is important. Prior to COVID-19, median household income rebounded. In 2019, median household income in San Bernardino County was \$67,903, a 21% increase since the 10-year low in 2014, and it outpaces inflation. In 2019, the median income estimate was identical at \$62,362 (US Census, American Community Survey). In 2021, the median household income was \$74,846; San Bernardino County's median income remains lower compared to the state at \$84,907 but surpassed that of the nation at \$69,717. When comparing San Bernardino County with peer markets that have a high income and low cost of living index, San Bernardino ranked second after Phoenix residents who have the best ratio of income to cost of living among peer counties. Los Angeles County residents have the least favorable ratio. The county seat, San Bernardino received a "D" rating for cost of living [\[42\]](#).

HOUSING

Access to affordable housing makes it easier for people to become homeowners, which increases the quality of life for families and communities. Long-term financial benefits such as building wealth come with home ownership. Having adequate and affordable rental housing means that families can have a safe place to work and live and low-income families can spend more of their income for necessities such as nutritious food and healthcare.

The U.S. Department of Housing and Urban Development defines affordable housing as those which costs no more than 30% of income [\[43\]](#). Individuals who spend more than 30% of their income on housing may have difficulty being able to pay for things such as insurance, food, transportation, and utilities [\[45\]](#). In 2018, 30% of Inland Empire residents spent more than half their gross income on housing, according to Harvard University's Joint Center for Housing Studies [\[46\]](#).

The median priced entry level house in our county in 2020 was \$296,250 which would require a minimum income of \$42,00 to purchase. 69% of San Bernardino County households earn enough to afford this purchase, which is slightly down from 67% in 2019. Compared to the median priced entry level house statewide, which is \$500,820 and would require an income of \$76,500 to purchase [\[4\]](#).

According to data retrieved from the U.S. Census Bureau, Census Reporter Profile page for San Bernardino County (2021), there were 735,905 total housing units with 92% occupied and 8% vacant. A shortage of fair rental housing can affect the ability of low-income residents to break the cycle of poverty. Affordable rental housing can allow residents to save for a home, an education, and meet their living expenses. Historically, the rental housing market in the Riverside-San Bernardino area had the least expensive rental housing in the region. However, the past year has seen an increase in rental housing demand. Renters (and buyers) are coming from Los Angeles, followed by Orange County and San Diego. The trend is said to be linked to the COVID-19 pandemic where people can work long-term from home [\[47\]](#). They are looking for more space and lower housing costs, therefore creating lower rental vacancy rates. Rental prices have risen 9.1% [\[48\]](#).

The Center for American Progress reports that the coronavirus pandemic is affecting renters of color differently, worsening past inequality and 'leading to a path of worsening inequity [\[49\]](#). For example:

- Renters of color face discrimination in obtaining and maintaining housing.
- Renters of color are most cost burdened.
- Current housing stock does not fit the needs of multigenerational families of color.
- Neighborhoods with more renters of color face higher rates of eviction.
- People of color disproportionately experience homelessness.

For struggling San Bernardino County residents living paycheck to paycheck, and particularly renters of color, the COVID-19 pandemic has been devastating. Lost wages due to the statewide stay-at-home orders, illness, and increased childcare responsibilities have resulted in reliance for some on state and federal eviction moratoriums to keep a roof over their heads. A wave of evictions has been predicted and it is hoped that federal rental assistance funding will provide rent relief.

HOMELESSNESS

Many circumstances such as job loss, illness, mortgage costs, increased rent costs, move-in expenses and deposits, inability to save money for emergencies, the rising cost of living, and family separation put families at risk for homelessness.

The United States Department of Housing and Urban Development (HUD) requires a biennial count of homeless persons. HUD defines this count as: "A count of sheltered and unsheltered homeless persons on a single night in January." HUD requires this count of homeless persons every other year (odd numbered years). Each count is planned, coordinated, and carried out locally and therefore provides a snapshot of the local homeless population. The San Bernardino County 2023 Point in Time Count is a one-day street-based count that took place on January 26, 2023. A total of 4,195 homeless persons were counted [42]. This figure reveals 862 more homeless persons than the 2022 count, representing an increase of 25.9%. There were 587 more persons counted as unsheltered representing an increase of 24.6% since the count in 2022. 275 more people were counted as sheltered in 2023 when compared to the sheltered count in 2022, which represented an increase of 29.1% [50]. Homelessness continues to be a persistent problem in San Bernardino County made worse by COVID. On February 1, 2023, homelessness was officially declared a local emergency in the City of San Bernardino which has seen a 175% increase in homelessness over the past five years.

According to the 2023 Point in Time Count received from the San Bernardino County of Homeless Services (April 29, 2023), more than three-fourths (76.9%) or 3,226 of the 4,195 homeless adults and children were counted within seven cities that include Barstow, Colton, Fontana, Ontario, Redlands, San Bernardino, and Victorville. These seven cities accounted for 2,163 or nearly three-fourths (72.7%) of the total unsheltered population of 2,976 and 1,063 or 87.2% of the 1,219 persons counted in shelters and transitional housing. More than one-third (39.9%) of unsheltered adults and children counted as homeless became homeless for the first time during the 12 months prior to the homeless count. Nearly one-third (32.1%) of unsheltered adults stated "City of San Bernardino" when asked in what city did you first become homeless. Nearly half (44.1%) of unsheltered adults were chronically homeless, which is defined as being homeless for one year or more and having a disabling condition such as mental illness, chronic health condition, and a physical disability. Nearly one-fourth (22.9%) of unsheltered adults answered "yes" when asked if they had been incarcerated during the past 12 months. Nearly two-thirds (63%) of unsheltered adults answered "no income" when asked to state their monthly income. More than three-fourths (77%) of unsheltered adults answered either "no income" (63%) or "less than \$500" (14%) when asked to state their monthly income [50].

TRANSPORTATION

Transportation is essential. Transit use is complicated by the sheer size of San Bernardino County, the distances between destinations within the county, the low-density land use, lengthy commutes, and commutes to employment outside of the county. Transportation to and from work allows people to maintain consistent employment and therefore meet their financial obligations. Without reliable transportation, low-income people risk losing their jobs and limiting their earning potential. Transportation to and from food sources such as supermarkets, farmers' markets, senior and school meals, increases access to healthy foods. Having transportation to meet medical and social needs plays a key role in social determinants of health.

Tracking commuter trends and transportation system demand helps gauge the ease with which people can move within the county. Using averages, workers in San Bernardino County have a longer commute time (30 minutes) than the normal US worker (25.7 minutes). Additionally, 6.43% of the workforce have 'super commutes' more than 90 minutes. Most of the workers (80.2%) drove alone in 2018, followed by those who carpooled to work (10.1%) While solid data is not yet available post-pandemic, anecdotal information indicates that working at home has been steadily increasing from the rate of 5.4% that was reported in 2018 [\[51\]](#). According to the Community Indicators Report, more people commute to jobs outside of San Bernardino County, than commute into the county. In 2018, 366,000 residents commuted to work out of the county and by contrast about 288,500 people commuted into the county [\[4\]](#).

Given that public transportation is utilized by the low-income population, it is also essential that it is provided at an affordable cost. The amount of people utilizing our rail transit system has declined. The number of people using the county's bus systems have also declined [\[4\]](#). During COVID-19 health concerns have also contributed to the decline in usage. With declining ridership, huge losses, and rising costs, continued rethinking of public transit is needed to ensure the social, and physical well-being of the communities they serve.

WELLNESS

Many unique factors influence the health of our county residents. The vast size of the county coupled with large numbers of underserved remote and unincorporated communities pose great challenges to promoting healthy living and providing access to health care. Other significant factors include income and social status, education, social support networks, gender, and genetics [\[52\]](#). San Bernardino County consistently ranks 43 of 58, placing it in the lower-middle range (25%-50%) of counties in California.

Individuals who have health insurance are more likely to seek routine health care and preventative health screenings. In 2019, 9.1% of the county's residents were uninsured, and minor increase from the prior year. However, the trend overall has improved since 2010 when 21.6% were uninsured. The County's rate of uninsured is higher than the state (7.2%) and lower than the nation (8.9%). When broken out by household income, those with incomes in the second to lowest range (\$25,00 to \$49,000) were the most likely to be uninsured (12.2%) [\[4\]](#).

According to the 2022 Loma Linda Community Health Needs Assessment, Residents in the Inland Empire have a slightly shorter life expectancy of 80.5 years compared to California at 81 years. San Bernardino County residents' life expectancy is 78.9 years and has stayed the same. When it comes to overall health, San Bernardino County is among the least healthy counties in California (Lowest 0%-25%). An estimated 24% of San Bernardino County and 22% of Riverside County residents experience fair or poor overall health, compared with 18% of California. Adult obesity (33%, 33%) and physical inactivity (30%, 26%) are likely some of the contributors to poor health experienced by San Bernardino and Riverside County residents, respectively [\[7\]](#).

Medi-Cal, a health care program for certain low-income populations, decreased in 2019 for the first time in 10 years. However, enrollment increased last year from 772,639 in January 2020 to 812,250 in December 2020 (Transitional Assistance Department report April 2021).

NUTRITION AND FOOD INSECURITY

People need healthy food to live, work and play. The role that healthy food plays in promoting stronger economies, vibrant neighborhoods, and allowing people to lead productive lives cannot be underestimated. Consistent hunger or food insecurity is a severe effect of poverty.

The United States Department of Agriculture (USDA) defines extremely low food insecurity as reports of multiple indicators of disrupted eating patterns and reduced food intake [\[53\]](#). Prior to the pandemic, food

insecurity was steadily improving in Riverside-San Bernardino dropping from 14.3% in 2015 to 9.95% in 2016. In 2019 the rate jumped to 13.4%. San Bernardino County has a lesser food security than the state (20%).

Cal Fresh or the Supplemental Nutrition Assistance Program (SNAP), provides monthly food benefits to individuals and families with low-income and provides economic benefits to communities. According to an April 2, 2021, report received from the San Bernardino County Transitional Assistance Department, 2020 enrollment in Cal Fresh ranged from 303,073 to 360,947 clients monthly.

Many of the people who were food insecure before the pandemic faced greater food insecurity because of the pandemic. During CAPSBC's COVID-19 Emergency Response which began in March 2020, the Food Bank Program saw an increase in demand for food. In May of 2020, the Food Bank saw an increase of 35.4% from the prior year (2019) in individuals receiving food for their households. CAPSBC's Food Bank experienced a decrease in the Campus Cupboard program which can be attributed to campuses closing for in person classes.

In "Pandemic EBT in California: Lessons and Opportunities to End Childhood Hunger" by the California Association of Food Banks stated that during the early months of the COVID-19 pandemic, 30% of households with children were food insecure, with Hispanic households with children (37%), and Black households with children (34%) experiencing a worse impact. Congress authorized the Pandemic EBT (P-EBT) and emergency meal replacement benefit. When asked about P-EBT, 54% of the families stated that it reduced their worries in paying for other household expenses. Fifty-five percent said it allowed them to stretch the food benefit for the whole family.

According to new estimates, as many as 1 in 6 children in the United States may face hunger this year. Racial disparities in food security that existed before the pandemic, remain significant. Native American food insecurity is estimated to be 23.5% compared to Black (19.3%), Latino (15.8%) and White (8.1%). Now, California is facing a catastrophic hunger crisis in 2023 due to the ending of CalFresh Emergency Allotments & Pandemic-EBT which is going to cause widespread hunger and hardship. With the signing of the Consolidated Appropriations Act of 2023 and ending of the federal Public Health Emergency on May 11, 2023, two critical programs that helped to mitigate hunger over the last three years came to an end. CalFresh recipients received their last Emergency Allotments on March 26, 2023, which had been boosting CalFresh benefits since the onset of the COVID-19 pandemic, and the highly effective Pandemic-EBT program that had been providing food benefits to children will end after the 2022–23 school year. With the high cost of groceries, reducing people's ability to purchase food will not only cause hunger but place enormous pressure on food banks, which have already been stretched thin since the onset of the pandemic.

EQUITY

Communities that are equitable strive to put into place the social conditions, systems, and policies that address specific harms to allow everyone to reach their full potential and help the whole community to flourish. On June 23, 2020, San Bernardino County resolved to actively participate in the dismantling of racism and identified nine key actions, including "studying and evaluating existing County policies and practices through a lens of racial equity and to support policies that prioritize health in an equitable way." The Resolution adopted by the Board of Supervisors affirmed that racism is a public health crisis that results in disparities in family stability, health and mental wellness, education, employment, economic development, public safety, criminal justice, and housing [\[54\]](#).

Examples of existing disparities cited were:

- The infant mortality rate within San Bernardino County's Black population is more than double the rate for the County as a whole.

- Black people account for less than 9% of the County's population but almost 19% of County jail bookings and 385 of juvenile jail bookings.
- More than 21% of the homeless population is Black.
- The Black homeownership rate in the County is less than 43% but stands at 60% for the County as a whole.
- Only 17% of Black students compared to more than 31% of all students are proficient in math and less than 35% of Black students compared to almost 45% of all students are proficient in English/Language Arts.

Community Evaluation Summary

Summary of Client Needs Assessment Survey

CAPSBC distributed Client Needs Assessment surveys to community members throughout San Bernardino County. Surveys were available in both paper and online formats and translated into both English and Spanish. Links to the online surveys were shared via email using client email lists and sent directly to CAPSBC affiliated providers. Particular attention was given to reach providers that serve large numbers of clients, and to target clients representing the vast geographic diversity within San Bernardino County. CAPSBC collaborated with the Institute for Child Development and Family Relations (ICDFR) at California State University, San Bernardino for help with survey development, data tabulation, and analysis. In total, data from 1169 completed client surveys are included in the following report. Responses reported from the sample are accurate representations of the population +/- 3% within the 95% confidence interval.

Community Resources

The Client Needs Assessment Survey asked clients to indicate their level of need within seven (7) general categories (Education, Family and Children, Financial, Health, Housing, Employment, and Community Involvement) and then had more specific "drill-down" questions in each area. Data revealed that each of the seven (7) general categories of resources were identified as "Highly Needed" by greater than 50% of the clients surveyed. Housing (73%), Employment (65%) and Health (62%) received the highest percentages of "Highly Needed" responses.

Community Resource	Highly Needed	Not Needed	Do not Know
Education	58%	21%	2%
Family and Children	58%	25%	2%
Financial	60%	17%	1%
Health	62%	19%	1%
Housing	73%	14%	1%
Employment	65%	19%	2%
Community Involvement	55%	14%	3%

More specific "drill-down" questions were asked about resources in each of the seven areas, and the results are presented below. For each area, respondents had the option to list and rate a resource not already included. No critical themes were observed in these responses; however, they were coded as, "other" and included in the tables.

Resources for Education	Highly Needed	Not Needed	Do not Know
Resources to afford educational resources (example: desks, laptops, fees)	73%	4%	1%
Help with understanding how to access options for education beyond high school (example: college)	66%	8%	2%

Having access to early childhood education (example: preschool/Head Start)	57%	22%	2%
Having opportunity to use resources (example: tutors) to succeed at school	65%	10%	2%
Having opportunity to enroll in adult education (example: GED) and job skill training	61%	16%	2%
Having reliable transportation to and from school	65%	16%	2%
Other	17%	70%	11%

Resources for Family and Children	Highly Needed	Not Needed	Do not Know
Affordable Child Care	67%	13%	2%
Youth Programs	71%	10%	2%
Tutoring/After School Programs	68%	12%	2%
Summer Programs for Youth	72%	9%	2%
Other	14%	72%	12%

Resources for Financial	Highly Needed	Not Needed	Do not Know
Help with understanding my budget and achieving my financial goals	58%	9%	1%
Help with understanding my credit score and how to improve my credit score	60%	14%	1%
Support to be able to regularly pay for my basic needs	61%	12%	1%
Support to be able to pay my bills on time	62%	16%	1%
Having access to a bank account	44%	37%	3%
Other	13%	72%	12%

Resources for Health	Highly Needed	Not Needed	Do not Know
Having healthy food choices on a regular basis	66%	10%	1%
Getting/keeping health insurance that covers needs	60%	18%	1%
Help to pay for my prescription medicines	54%	25%	1%
Access to a doctor on a regular basis	57%	23%	1%
Support to be able to live independently on my own	56%	26%	2%
Access to treatment for substance abuse or addiction	42%	44%	3%
Access to mental health support	38%	8%	32%
Other	12%	77%	10%

Resources for Housing	Highly Needed	Not Needed	Do not Know
Assistance with paying rent or mortgage	65%	13%	1%
Help with paying for utilities (examples: water, propane, gas, electricity)	69%	10%	1%
Help to have a safe place to live on a regular basis	61%	23%	2%
Help to avoid eviction from the place where you live	49%	34%	3%
Other	14%	75%	10%

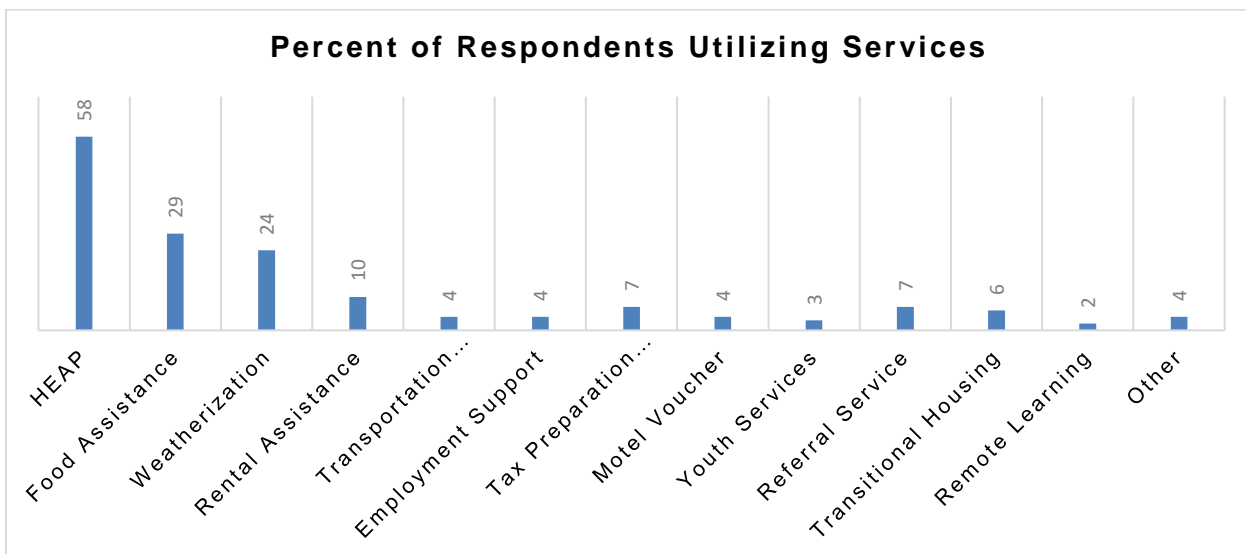
Resources for Employment	Highly Needed	Not Needed	Do not Know
Help with finding and keeping a job with a living wage	72%	9%	1%
Having reliable transportation to and from work	62%	21%	1%
Having the education and skills to get the job you want	67%	10%	2%
Help finding dependable childcare while working	58%	26%	1%
Other	14%	74%	11%

Resources for Community Involvement	Highly Needed	Not Needed	Do not Know
Help with getting involved with groups (examples schools, neighborhood associations) to help improve my community	50%	14%	3%
Participating in civic events (example: volunteering at your local food bank/food pantry)	47%	16%	3%
Having access to safe recreational activities (example: youth sports teams)	57%	15%	1%
Having access to a fast and reliable internet connection	65%	14%	2%
Other	13%	74%	11%

Have you ever heard of the Community Action Partnership of San Bernardino County (CAPSBC)?

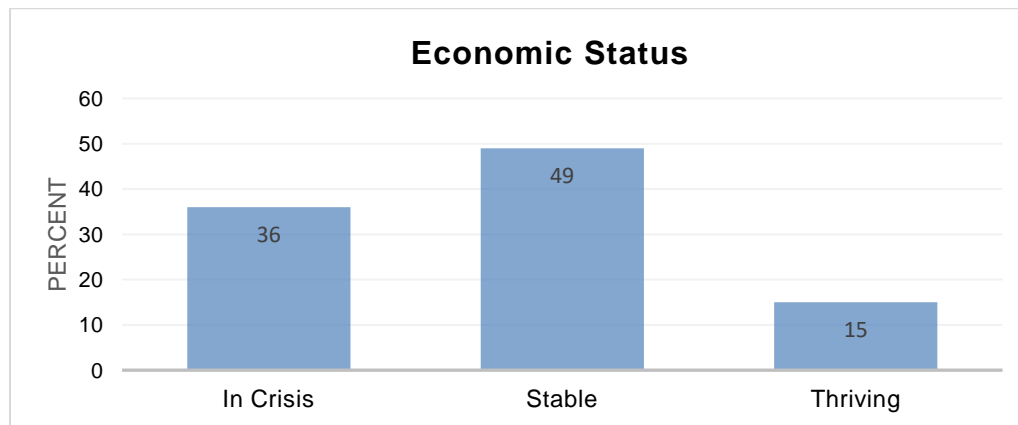
The overwhelming majority of respondents (89%) indicated “Yes” they are aware of CAPSBC. Only 7% indicated, “No” and 4% indicated, “Maybe, I’m not sure”.

CAPSBC Programs/Services Utilized: The majority of clients surveyed (58%) utilized the Home Energy Assistance Program (HEAP) provided by CAPSBC. Other commonly utilized services include Food Assistance (29%), Weatherization services (24%), and rental assistance (10%).

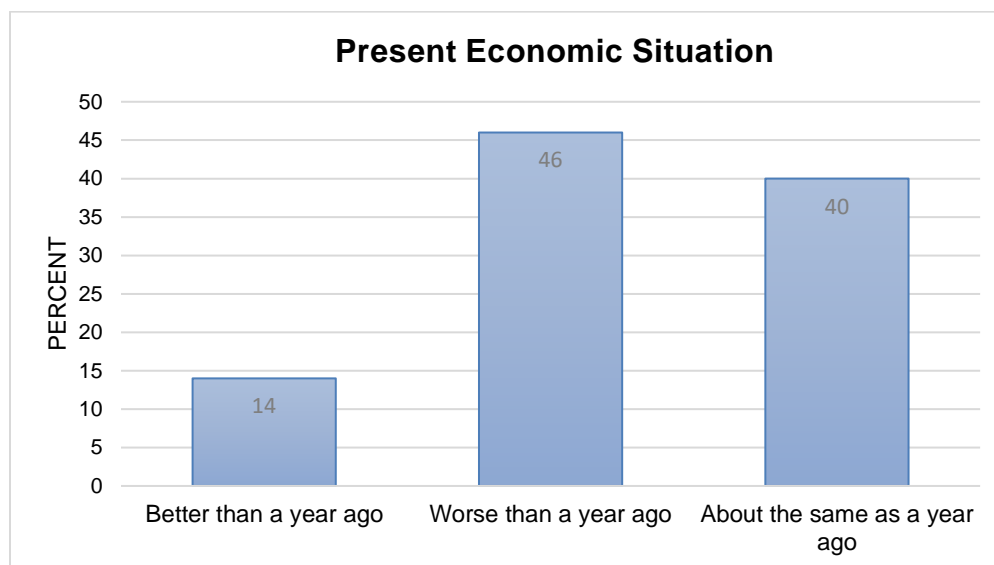


Overall Satisfaction with CAPSBC programs and Services: Clients were asked to rate their overall satisfaction with CAPSBC programs and services. Rating on a scale ranging from 1 “Very Unsatisfied” to 10 “Very Satisfied”, the average client rating was 8.37, with 56% of respondents indicating a value of “10 – Very Satisfied”.

Economic Status: Thirty-six percent of clients responded that they are currently “in crisis” economically (i.e., frequently need help from one or more services, do not have a job, recently lost a job), while 49% indicated their economic status is “stable” (i.e., able to pay rent, buy food, may need help once or twice a year with living needs, have a job but not enough to support his/her family), and 15% indicated they were “thriving” economically (i.e., have sufficient income to pay rent, utilities, and food, do not need assistance at this time).



Present Economic Situation: Forty percent of respondents indicated their present economic situation is about the same as one year ago, 46% indicated their situation was worse than one year ago, and 14% said their situation is better than one year ago.



COVID-19 Experiences

Impact on Key Life Areas: Participants were asked to indicate the extent of any “negative” impact of COVID-19 on five (5) areas of their lives. Employment and financial situations were the most heavily impacted.

Life Area	Severe Impact	Moderate Impact	Slight Impact	No Impact
Employment/Work	37%	24%	17%	22%
Financial Situation	39%	29%	17%	14%
Housing Stability	24%	21%	19%	36%
Education/School Opportunities	30%	22%	14%	34%
Personal or Family Health	29%	27%	21%	23%

Change in CAPSBC Service Needs: Participants were also asked the extent to which their needs for CAPSBC services changed due to COVID-19.

Service	Need more	Need less	Need is same	Never needed
HEAP	59%	6%	21%	14%
Food Assistance	47%	7%	22%	24%
Weatherization	33%	8%	25%	34%
Rental Assistance	39%	6%	17%	39%
Transportation Assistance	25%	7%	17%	50%
Employment Support	30%	6%	14%	50%
Tax Preparation Assistance	13%	6%	14%	67%
Motel Voucher	18%	5%	7%	70%
Youth Services	27%	5%	13%	56%
Referral Service	27%	5%	14%	53%
Transitional Housing	22%	4%	10%	64%
Remote Learning	32%	4%	10%	54%
Other	21%	3%	7%	69%

Vaccinated: Of respondents, 36% reported being fully vaccinated, 8% reported having the first but not the second vaccination shot, and 56% reported not yet being vaccinated.

Reason for Not being Vaccinated	Percent of Responses
I am not yet eligible	3
I do not know how to sign-up to get it	4
The process is too difficult	1
I do not believe it is safe	13
Other	12

Respondent Demographics

Age: The average age of respondents was 47.16 years and ranged from 20 to 87.

Marital Status: A plurality of respondents were Single, Never Married (37%), followed by Married (25%), Divorced (17%), Committed, Not Married (9%), Separated (7%) and Widowed (5%).

Marital Status	Percent of Responses
Single, Never Married	37
Committed Relationship, not Married	9
Married	25
Separated	7
Divorced	17
Widow/Widower	5

Gender: Eighty-eight percent of the clients who completed the survey identified as female and 12% as male.

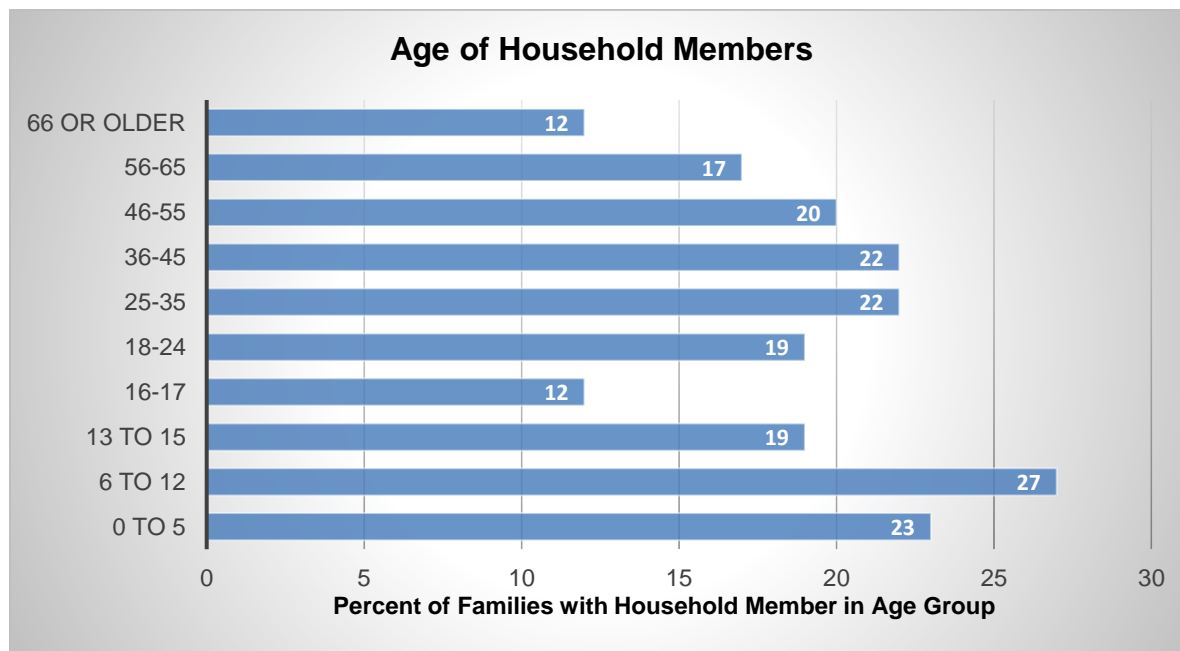
LGBTQ Status: Four percent of respondents indicated they identify as a member of the LGBTQ community.

Education Level: Thirty percent of respondents reported having some college/technical school experience, 17% reported having a high-school diploma, 26% reported having a college degree, and 12% reported having a vocational certificate or degree.

Education Level	Percent of Responses
No Schooling Completed	2
Nursery to 8th Grade	1
Some High School	8
GED	4
High School Diploma	17
Some College/Technical School	30
Vocational Certificate/Degree	12
College Degree	26

Veteran Status: Three percent of respondents identified as being a veteran.

Household Members: Twenty-three percent of households had a child member aged 0 to 5 years, and 27% had a child member aged 6 to 12 years. Twenty-two percent of households had an adult between the ages of 25 and 35, 22% had an adult between the ages of 36 and 45, and 17% had an adult between ages of 56 and 65.



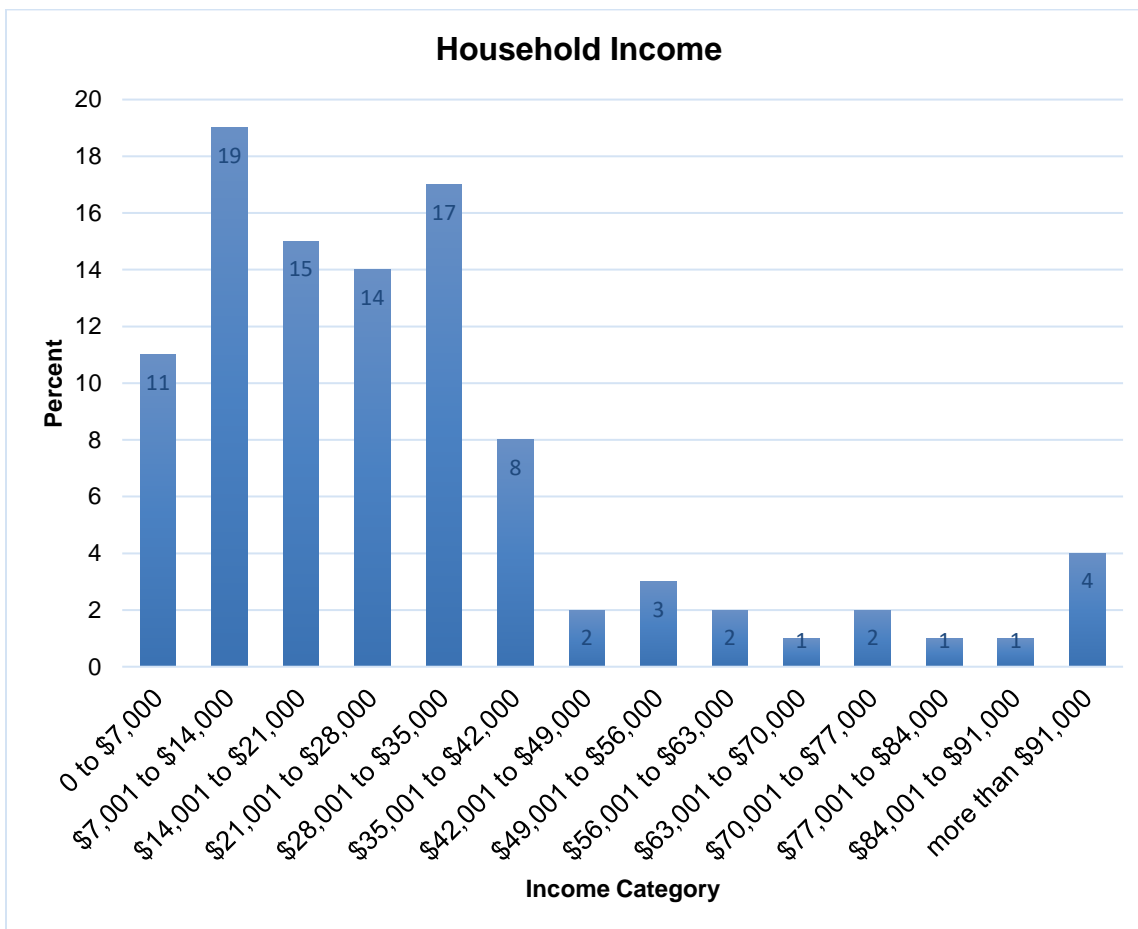
Ethnicity: The plurality of respondents reported as Hispanic/Latinx (40%), 27% as African American/Black, and 21% as White/non-Hispanic.

Ethnicity	Percentage
African American/Black	27
Asian/Pacific Islander	3
Hispanic/Latinx	40
Native American/American Indian	1
White/non-Hispanic	21
Multi-Ethnic	6
Other	2

Language: Of respondents, 91% reported speaking English as the primary language at home, 7% reported Spanish, and 2% reported “Other”.

Internet Service: Eighty-two percent of respondents reported having internet service in their home (other than on a mobile phone), while 17% reported not having internet service.

Household Income: The largest income group were respondents who indicated earning between \$7,001 and \$14,000 (25%). Eleven percent earned less than \$7000, 15% were in the \$14,001 to \$21,000 income bracket and 14% in the \$21,001 to \$28,000 income bracket.



Sources of Income: The most commonly reported income source was employment (36%), followed by Social Security/Disability (21%), and Cash Aid/TANF/CalWORKs (15%), and Unemployment (14%),

Income Sources	Percentage
Alimony	1
Child Support	3
Unemployment	14
Pension	3
Cash Aid/TANF/CalWORKs	15
Social Security/Disability	21
Employment	36

Work Status: The largest subset of respondents indicated they are currently employed full-time (32%), followed by unemployed and searching (26%).

Work Status	Percentage
Full-time	32
Part-time (one job)	13
Part-time (more than one job)	3
Unemployed (searching)	26
Unemployed (not searching)	15
Retired	11

Unemployed/Underemployed Household Members: Forty-eight percent of respondents indicated that at least one member of their household was unemployed or underemployed.

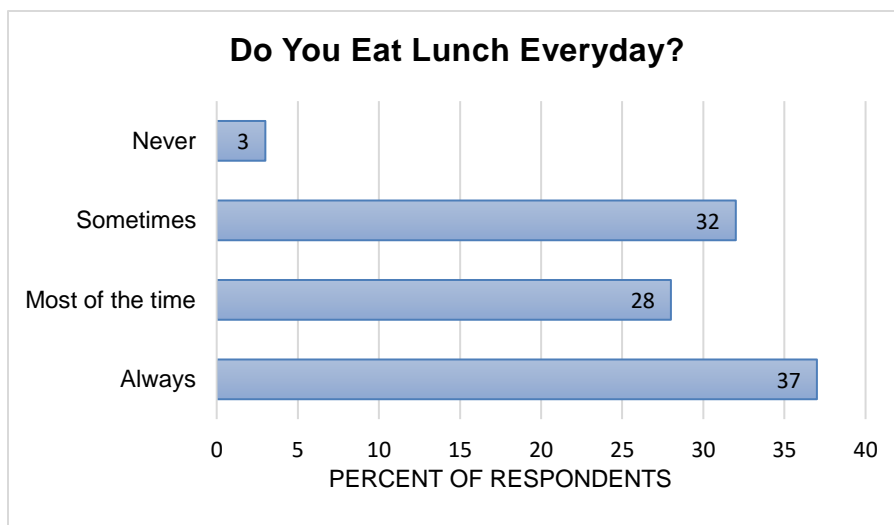
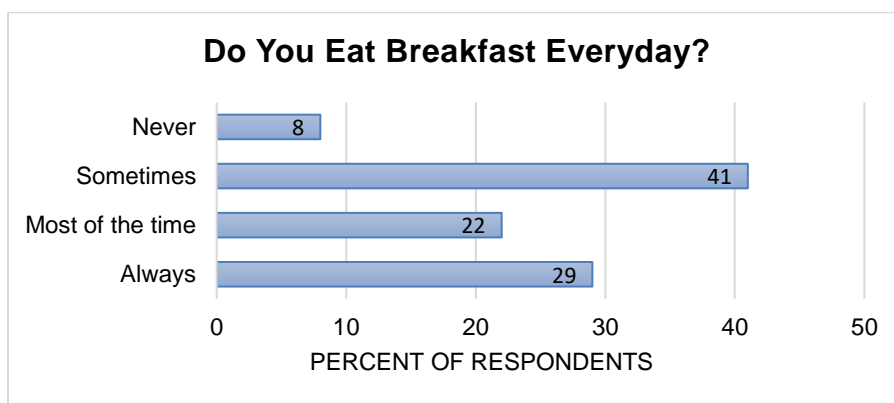
Reasons for Unemployed/underemployment: Respondents were asked to indicate the reason(s) why they or a member of their household were un/underemployed.

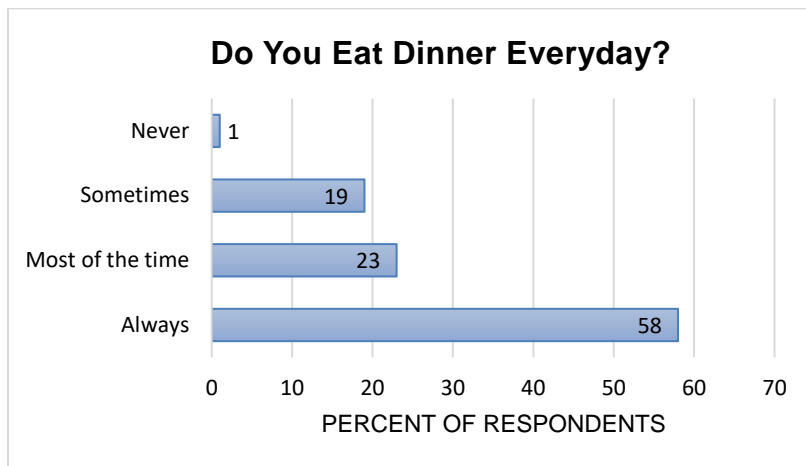
Reasons for Unemployed/underemployment	Percentage
Lack of Childcare	10
Lack of Skills/Education	9
Lack of Permanent Address	3
Health Problems/Disability	7
Inadequate Transportation	7
Criminal Record	3
Inability to pass Drug Screen	1
No legal Right to Work	1
Language Barriers	2
Not Actively Looking	2
Available Jobs Do not Pay Enough	8
LGBTQ Status	1
Does Not Apply	13
Other	6

Housing Status: Sixty-three percent of respondents indicated they are currently renting their housing, and 27% own their home.

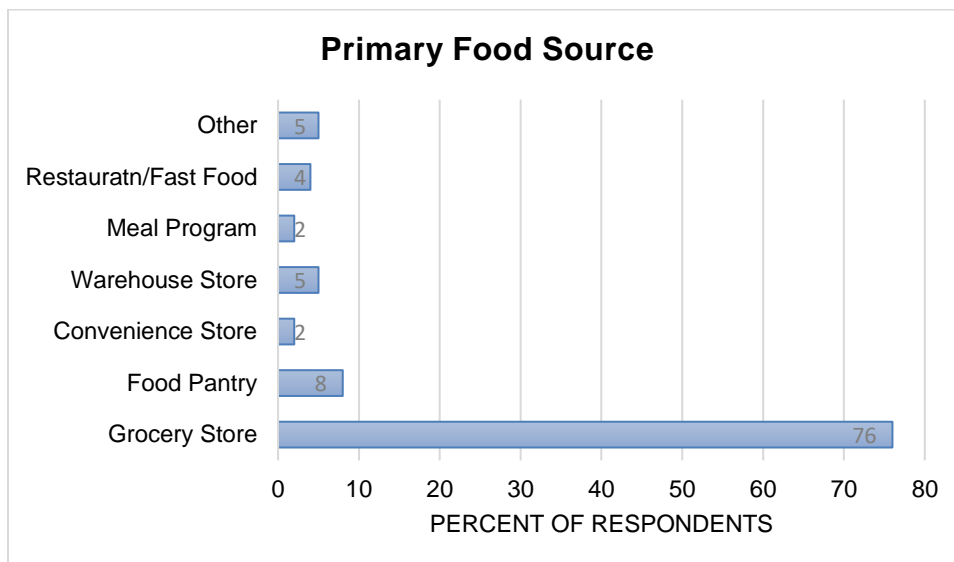
Housing Status	Percentage
Own	27
Rent	63
Homeless	5
Senior Living Facility	1
Other	5

Healthy Eating routines: A plurality of respondents reported that every day they “Sometimes” ate breakfast (41%), and “Always” ate Lunch (37%) and a majority (58%) reported “Always” eating Dinner. Only 8% (Breakfast), 3% (Lunch) and 1% (Dinner) reported “Never” eating the meal, however the percentage of respondents who only “Sometimes” ate were 41% (Breakfast), 32% (Lunch), and 19% (Dinner).



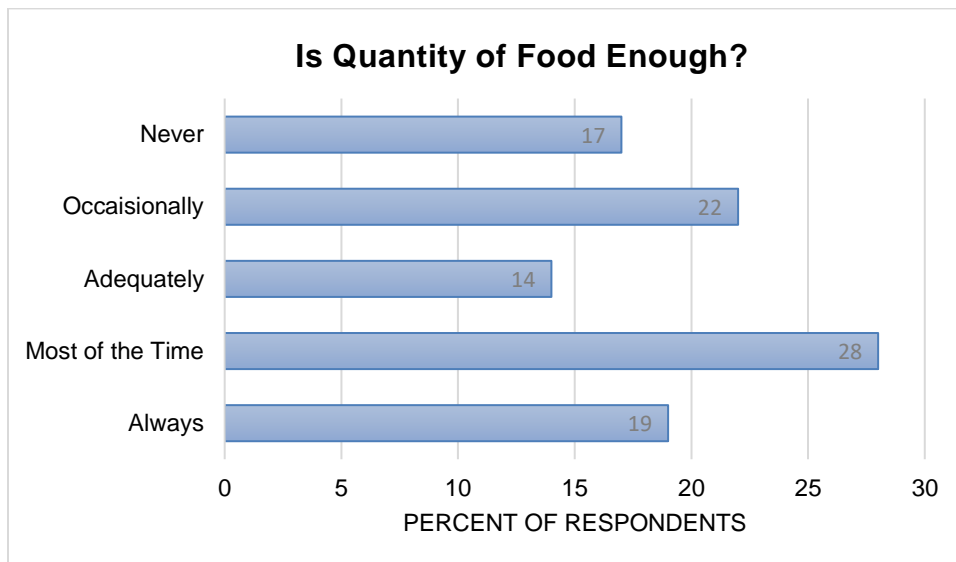


Primary Source of Food: Seventy-five percent of respondents indicated that their primary source of food was the grocery store, 8% indicated a food pantry, and 5% indicated a warehouse store.



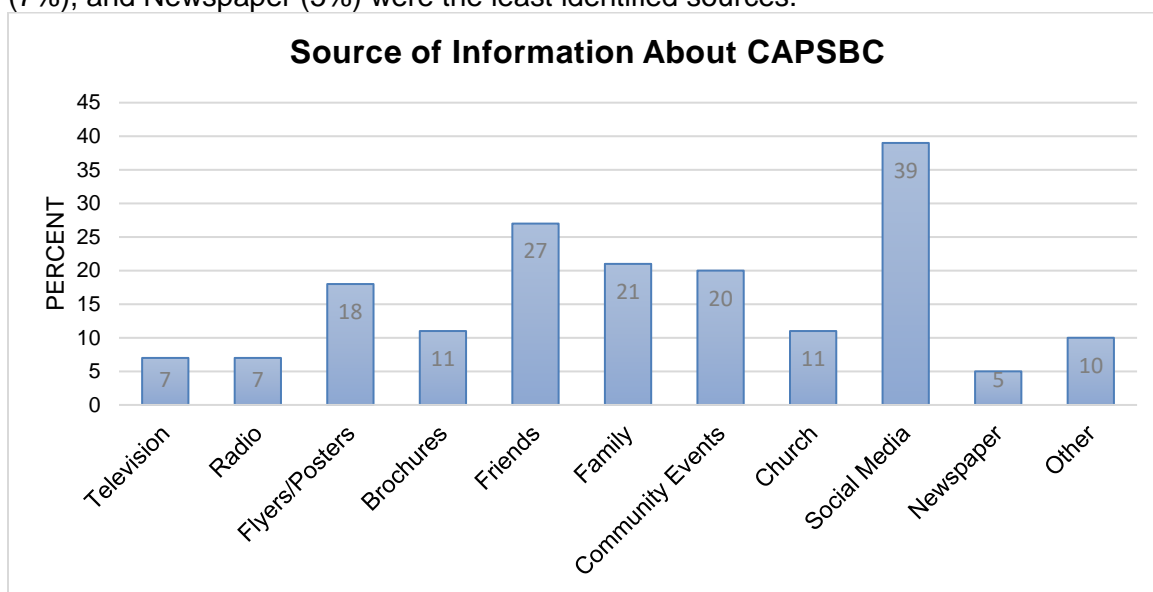
Is CAPSBC a Source of Food for you and/or your Family? Forty percent of respondents indicated they rely on CAPSBC for food.

Assessment of Adequacy of Food Quantity: Respondents who utilized CAPSBC as a food source were asked about the quantity of the food they received. Only 19% of respondents indicated “Always”, and 28% indicated most of the time. In contrast, 22% indicated the quantity of food was “Occasionally” enough, and 17% indicated it was “Never” enough.



CAPSBC In the Community

Where do Respondents Learn about CAPSBC? A large plurality of respondents indicated they heard about CAPSBC services from Social Media (39%). In addition, 27% learned from Friends, 21% learned from Family, 20% from Community Events, and 18% from Flyers and/or Posters. Television (7%), Radio (7%), and Newspaper (5%) were the least identified sources.



Summary of Service Providers Needs Assessment Survey

CAPSBC partners with faith and community-based organizations, public and private agencies throughout San Bernardino County. Questions were asked in the online survey sent to community service providers. A total of 119 surveys were completed and included in this review. Brief summaries and response frequency data for each question are included in tables below. Summary reviews of written statements provided as answers to the open-ended questions around COVID-19, poverty, homelessness, and unmet needs are included as well.

Types of Organizations

A large plurality of organizations identified as Non-profit organizations (49%), which was followed by Faith-based organizations (25%).

Type of Organization	% of Response
Non-profit	49%
Faith Based	25%
Local Government	5%
State Government	1%
For-profit Business	2%
Consortium/Collaboration	0%
School District	6%
Institution of Higher Education	2%
Financial/Banking Institution	0%
Health service Organization	5%
Other	7%

Types of Services Provided

The most commonly identified service identified by providers was Emergency Food (65%). Other services represented by more than 25% of providers include Education (30%), Counseling (27%), and Youth Services (26%). In addition, 32% of providers indicated “other” non-specified services.

Services Provided	% of Response
Emergency Food	65%
Education	30%
Job Placement	12%
Job Training	15%
Housing/Shelter	24%
Transportation	15%
Utility Assistance	23%
Rent Assistance	19%
Health Services	15%
Counseling	27%
Case Management	21%
Youth Services	26%
Early Childhood Education/Care	9%
Senior Services	19%
Life Skills	21%
Other	32%

Primary Area of Service: Of the participating service providers, 34% reported serving all of San Bernardino County, 15% served Multiple Areas, 15% served the high Desert, 15% served the West End, 8% served the Central Valley, 7% served the East Valley, and 3% each reported serving the Morongo Basin and the Mountains.

Service Area	% of Response
Central Valley	8%
East Valley	7%
High Desert	15%
West End	15%
Morongo Basin	3%
Mountains	3%
Multiple Areas	15%
All of San Bernardino County	34%

Target Population Served: Most of the agencies reported serving Low Income Persons (71%) and the Homeless (61%). Notably, 61% reported serving the general population. Other groups served by more than one-half of the providers include the Elderly/Senior Citizens (57%) and Children (52%). Among the least served groups include Foster Youth (27%) and targeted Racial/Ethnic Groups (7%). “Other” populations, were selected by 14% of providers. A full breakdown is provided in the table.

Target Population	% of Response
Children	52%
Low Income Persons	71%
Homeless	61%
People with Disability	45%
General Population	61%
Youth	45%
Elderly/Senior Citizens	57%
Veterans	45%
Specific Racial/Ethnic Group	7%
Foster Youth	27%

Percent of Providers Indicating as Top 3 Critical Need: Service providers were asked to identify the Top 3 needs in the community they serve. The table below identifies specific needs and the percentage of agencies that included it among the Top 3. The most commonly identified need was Affordable Housing (identified by 78% of agencies as a Top 3 need). This was followed by Jobs/Employment Services (37%), Emergency food (36%), and Mental Health (32%). Transportation (9%), Education (13%) and Childcare (13%) were least likely to be identified among the Top 3 needs by providers.

Top 3 Critical Need	% of Response
Affordable Housing	78%
Childcare	13%
Education	13%
Emergency Food	36%
Emergency Shelter	28%
Family Support Services	24%
Health Services	19%
Jobs/Employment Services	37%
Mental Health	32%
Rental Assistance	22%
Transportation	9%
Vocational Training	15%
Other	8%

Annual Gross Income of Clients Served: Providers were asked to indicate the most common income level among clients. The most commonly identified income group had an annual gross income (AGI) ranging from \$7,001 to \$14,000 (26%) followed by 0 to \$7,000 (20%) and \$14,001 to \$21,000 (18%). Less than 10% of providers identified as serving groups with an AGI over \$35,000.

Annual Gross Income	% of Agencies
\$ 0 to \$ 7,000	20.0%
\$ 7,001 to \$14,000	26.0%
\$14,001 to \$21,000	18.0%
\$21,001 to \$28,000	17.0%
\$28,001 to \$35,000	13.0%
\$35,001 to \$42,000	2.0%
\$42,001 to \$49,000	4.0%
\$49,001 to \$56,000	1.0%
\$56,001 to \$63,000	0%
\$63,001 to \$70,000	1.0%
\$70,001 to \$77,000	0%
\$77,001 to \$84,000	0%
\$84,001 to \$91,000	0%
more than \$91,000	0%

Agency Size (by number of Clients served): 21% of providers served fewer than 100 clients, 27% served between 101 and 200, 14% served between 201 and 300, 7% served between 301 and 400, 5% served between 401 and 500, and 26% served more than 500 clients.

Number of Clients Served	% of Agencies
Below 100	21%
101-200	27%
201-300	14%
301-400	7%
401-500	5%
More than 500	26%

COVID-19: The large majority of providers (78%) indicated that the needs of their clients changed because of COVID-19. Furthermore, a significant majority (56%) indicated that their ability to offer services to their clients was impacted by COVID-19.

Changes in Client Needs Due to COVID-19: The most common change(s) in client needs noted by providers centered around job insecurity and lack of employment. Providers noted the lack of good paying jobs, the rapid loss of jobs, and difficulty in finding new work. Providers also noted that financial needs of their clients were greater because of COVID-19. This included consequences related to the inability to pay for healthcare, basic utilities, and food. Several providers also noted mental health concerns associated with isolation caused by COVID-19.

Impact on Ability to Provide Services: As noted, a majority of providers also noted that COVID-19 impacted their ability to provide services to clients. The most common concern was the limited opportunity to interact directly and in person with clients. Several providers noted that they saw a significant drop in clients because of this. Additionally, providers noted that the scope and depth of services were limited by COVID-19, that reaching clients was more difficult, and that because so many entities were shut down, it was simply more difficult to get things done.

Unmet Needs of Clients and Strategies to Reduce Homelessness and Poverty and to Eliminate Barriers to Economic Self-Sufficiency: The most common answers provided by agencies regarding unmet needs of clients and strategies to reduce homelessness and poverty and to eliminate barriers to economic self-sufficiency focused primarily on the high cost of living, particularly in reference to housing. The lack of affordable housing options appeared many times in the sentiments shared by providers. Similarly, the lack of employment opportunities, especially during COVID-19, as well as personal factors such as the lack of education and relevant job skills were noted as contributors as well. Finally, several providers noted the need for greater mental health services and support.

Public Hearing

A Public Hearing to review the 2024-2025 Community Action Plan was conducted on June 16, 2023. The Public Hearing was scheduled as a hybrid event held in person at the CAPSBC office and virtually via Zoom. A total of 17 attendees participated in the Public Hearing which included CAPSBC's CEO, Board members, staff and general public participants. CAPSBC's CEO and Management staff provided an overview of the agency, Community Action Plan and Community Needs Assessment. Individuals had the opportunity to provide their public comment on the Community Action Plan which had been posted on the agency website for public review.

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